

Consent For Surgery

Shoulder Arthroscopy Operation/Procedure

I, Gavin Nimon have informed
of the nature , likely results and material risks of the recommended
operation/procedure and or treatment. I have discussed the indicated risks
with the patient

- Anaesthetic risk
- Infection
- Nerve damage including numbness and tingling in fingers (rare)
- Vascular injury (rare)
- Scarring around affected site
- Stiffness at joint (rare)
- No better, or worse
- A need for further treatment or procedure

The agreed operation/procedure is...Shoulder
Arthroscopy.....

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Signed.....**Date**.....

I, have had the
surgery/procedure discussed with me and I am aware of the indicated risks.

I am aware the procedure may also require a blood transfusion to be
administered which I have had discussed with me.

I am also aware additional procedures may be required if indicated during the
surgical procedure.

If a fixed quote has been provided prior to surgery I am aware this is an estimate
and if further treatment is required during surgery this will be additional to the
estimated quote.

I am aware I can withdraw my consent at any time prior to the operation/
procedure.

Signed.....**Date**.....